



Coaching Application

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Requirements:

All **New** applicants must complete Hockey NL – Respect in Sport for Activity Leaders online course to be considered: <https://hnl.respectgroupinc.com/secure/> And the HC Hockey University online Coaching Course: <http://hockeynl.ca/development/clinics/ehockeyhockey-university-sign-up/>

All Applicants will be considered based on Hockey Canada coaching qualifications as per Hockey Canada Registry and relevant experience. Final selection is at the discretion of the Board of Directors, Mount Pearl Minor Hockey Association.

All Applications **MUST** be accompanied by an MPMHA forms # 33(**Criminal Records Screening Application**) and form # 45(**Consent for Criminal Record and Vulnerable Sector Check**). All forms are attached to this document. Applications will **NOT** be processed without these accompanying forms.

To be completed by all Coaching Applicants:

NAME: _____

Address: _____

Postal Code: _____ Phone #: (709) _____

Email Address:1 _____

Email Address 2: _____

Applicants Date of Birth (M/D/Y) _____

Applicant Signature: _____

Coaching Application Continued

Please indicate position requested: Please place an X in the box(s) requesting.

Head Coach		All-Star Manager	
Assistant Coach		House League Manager	

Please indicate the League requested: Please place an X in the box(s) requesting.

House League		All-Star	
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Please indicate the Division requested: Please place an X in the box(s) requesting.

Initiation Program (4-6yr olds)		Midget (15-17yr olds)	
Novice Hockey (7-8yr olds)		Female U-9 (4-8yr olds)	
Atom (9-10yr olds)		Female U-12	
Peewee (11-12yr olds)		Female U-15	
Bantam (13-14yr olds)		Female Midget (15-17yr olds)	

Hockey Canada Required Coaching Levels: (Please X All level completed)

Respect in Sport for Activity Leaders – Hockey (online)	
Hockey University 1 Intro-Coach (IP/Novice) (online)	
Hockey University 2 Coach (House League Atom up)	
Hockey Canada Checking Course (online)	
Coach Development 1 (All-Star/Provincials)	
Hockey Canada Safety Person Program (online)	

Other Coaching Levels or Experience: (Last team coached and position)

Continued

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MPMHA Coach Development Agreement:

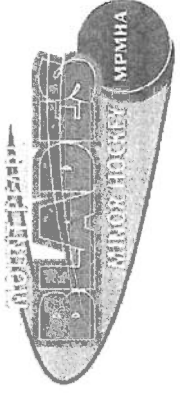
As an approved MPMHA-Coach,

I agree to attend the necessary **Hockey Canada/Hockey NL** clinics to ensure I meet the requirements to serve as bench staff for **MPMHA**. This will include coaching clinics as scheduled by **Hockey NL** and speciality clinics/workshops as provided by **MPMHA Technical Staff**.

I understand that MPMHA reserves the right to remove any coach that does not comply with this requirement.

Name: _____ **Date:** _____





All-Star Coach/Manger Experience ONLY

Only to be filled out if applying for an All-Star Team Position

EXPERIENCE AS A COACH/MANAGER (CLUB) – SPECIFY POSITION: HC(HEAD COACH) OR AC(ASSISTANT COACH)

SEASON	NAME OF TEAM	POSITION (HC/AC)	DIVISION/CATEGORY	COMMUNITY

EXPERIENCE AS AN INSTRUCTOR (Hockey Schools, Clinics or other related activities)

SEASON	NAME OF TEAM	NAME OF TEAM	DIVISION/CATEGORY	COMMUNITY

EXPERIENCE IN HNL Branch Programs (ie. Skills Camps, Membership, Course Conductor, etc)

SEASON	NAME OF TEAM	NAME OF TEAM	DIVISION/CATEGORY	COMMUNITY

EXPERIENCE AS A COACH/MANAGER – PROVINCIAL (ie. HPP teams, Spring HPP Camps)

SEASON	NAME OF TEAM	NAME OF TEAM	DIVISION/CATEGORY	COMMUNITY



ROYAL NEWFOUNDLAND CONSTABULARY

APPLICATION FOR CRIMINAL RECORDS SCREENING CERTIFICATE



Notice: Persons requiring a Criminal Records Screening Certificate must complete this form and deliver or mail to the Cash Office, Royal Newfoundland Constabulary, 1 Fort Townshend, St. John's, NL, A1C 2G2

This application must be accompanied by a non refundable \$25.00 cheque or money order made payable to the Newfoundland Exchequer Account. Cash is only accepted at the Cash Office located at the RNC. All criminal records screening certificates must be picked up within 60 days of completion. Unclaimed certificates will be destroyed. The Records Office will require a minimum of ONE WEEK notice, excluding weekends and holidays, to process the application. The applicant is the only person permitted to pick up this certificate. The applicant must produce 2 pieces of identification, one of which contains the applicants DOB.

SECTION 1

- (a) I hereby request that a search of your records be conducted to determine if there are any criminal convictions or criminal findings of guilt related to me in your records.
- (b) I hereby agree that no liability attaches to the Royal Newfoundland Constabulary in relation to this search. I further agree that the Royal Newfoundland Constabulary is not responsible for any inaccuracies resulting from the search.
- (c) With the exception of SECTION 2 of this application, I understand that any certificate that may issue in relation to the search is issued to me only for my own use. If I reveal the search certificate to any person of body I do so of my own free will. If I reveal the search certificate to any person or body, I agree to hold the Royal Newfoundland Constabulary harmless for any use that person or body makes of the information.
- (d) The disclosure of any information resulting from this search is my responsibility.

APPLICANT'S SIGNATURE: _____ DATE: _____

Surname: _____ Maiden Name: _____

Name (Proper birth names required): _____
First Second Third

Current Street Address: _____ City/Town: _____

Postal Code: _____ Home Phone#: _____ Work Phone#: _____

Date of Birth: _____ City/Town of Birth: _____
Year Month Day

Gender: _____ Height: _____ Weight: _____ Eye Colour: _____

If you answer "yes" to any of the following question, please attach details.

1. Have you been convicted of any offence in Canada or the United States?
YES NO If yes, Details: _____
2. Have you ever changed your name?
YES NO Previous Name: _____
First Second Last
3. Have you ever been prohibited by any court from possessing any firearm, ammunition, or explosive substance?
YES NO If yes, Details: _____

Searches will only be completed for the following purposes: Please check the purpose(s) that apply to your request.

- Required by statute or regulation: Statute: _____ Regulation: _____
- Required for foreign work or travel
- Required by agency or group dealing with children, elderly, physically, or mentally challenged persons & volunteers. (complete Section 2)
- Required for adoption (complete Section 2)
- Required for licence: Licence Type: _____
- Required for education institution: Education Institution: _____
- Required for employment
- Required for Pardon
- Other _____

If you are a young person (under 18 years), you agree that you are making this application for disclosure of any record you may have pursuant to the YOUNG OFFENDERS ACT. Should you be denied a search certificate, you may, in writing, request a Criminal Record Screening Certificate Record Endorsement from Provincial Court. This Certificate will be subject to the same terms and conditions set out previously in this application.

SECTION 2

This Section is to be only completed by those who will be dealing with children, elderly, physically or mentally challenged persons.

Name of Agency or Group: Mount Pearl Minor Hockey Association

Address: Po Box 114 Town: Mount Pearl Postal Code: A1N2C1

Contact Person: DAVE BARRY Telephone: 364-5352

Position applying for: Volunteer

In making this application for a Criminal Record Screening Certificate, I agree to allow the Royal Newfoundland Constabulary to:

- (a) extend the search to include current investigations and present and or pending charges;
- (b) notify the institution or agency of any inability to obtain a Criminal Record Screening Certificate; and
- (c) notify the agency or group representative of any present or pending charges against me.

Signature of Applicant: _____ Date: _____

Please attach authorization letter for volunteer applications.

Office Use Only

CPIC Check: _____ Court Check: _____ PIRS Check: _____ Other Check: _____

ICAN Check: _____ Certificate Number: _____ Receipt Number: _____

Signature Records Staff: _____ Date: _____



Consent for Criminal Record and Vulnerable Sector Check

(For a Sexual Offence for Which a Pardon has been Granted or Issued)

Note: *This form is to be used by a person applying for a position with a person or organization responsible for the well-being of one or more children or vulnerable persons, if the position is a position of authority or trust relative to those children or vulnerable persons and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the Criminal Records Act and has been pardoned.*

Reasons for the Consent

I am an applicant for a paid or volunteer position with a person or organization responsible for the well-being of one or more children or vulnerable persons.

Description of the paid or volunteer position: _____

The name of the person or organization is: _____

Provide details regarding the children or vulnerable persons: _____

Consent

I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have been convicted of, and been granted a pardon for, any of the sexual offences that are listed in the schedule to the *Criminal Records Act*.

I understand that, as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the *Criminal Records Act* in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Solicitor General of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose that information to me. If, I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.

Signature _____ Date of Birth (Y/M/D) _____ Date _____

Name (please print) _____

Maiden Name (please print) _____

RNC #315
20110217